POSITION	INITIALS	ID NO.	DATE	
FEE DETERMINATION	× 10		10-03-4	
O.I.P.E. CLASSIFIER		11/	16/19	
FORMALITY REVIEW	oth	1 1124	10/26/	
RESPONSE FORMALITY REVIEW	CK	11.09	1-29-02	

## INDEX OF CLAIMS

Rejected	N Non-elected
= Allowed	I Interference
(Through numeral) Canceled	A Appeal
- Restricted	O Objected

7					
Claim Date	Claim		Date	Claim	Date
Final Codginal Codgina Codginal Codginal Codginal Codginal Codginal Codginal Codgina	Final Original			Final	
	51			101	
72 / / /	52			102	
1	53			103	
3 10 7 7	54			104	
5 // //	55			105	
6 / / /	56			106	
7 / / /	57			107	
8 / 7	58			108	
	59			109	
10 / N / M	60			110	
11 4	61			111	
12 M	62			112	
13 1 1 1 1	63			113	
14 V K	64			114	_
15 1/ /	65			115	
16 V v	66			116	
17 / N	67			117	
18 1 1	68			118	
19 N (	69			119	
20 1	70			120	
12N 1 1 1 1	7	1		121	
22	7:	2		122	
23 / 1	7	3		123	
24	7	4		124	
25	7	5		125	
26 N V	7	6		126	<del></del>
27	7			127	<del></del>
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34	8		<del>                                     </del>	135	<del>┼╎╸╎╺┤┈┼╸</del>
35 \ W M		5	<del>                                     </del>	136	<del>╎╎┤┤</del> ┼┼
36	<u> </u>	6	<del>                                     </del>	137	<del>┤</del> <del>┤</del> ┼┼┼┼
37 N/N		7	<del>                                     </del>	138	<del>┤╸╏╸╏╸╏╸</del>
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41 41		)1	<del>                                     </del>	141	<del>┤╸</del> ┤┈┼┈┼┈┼
42		02	+++++	143	<del>┧╸╂╸╂</del> ╶ <del>┞</del>
43		93	╀┼┼┼┼┤	144	<del>┨┋</del>
44		94	<del>                                     </del>	145	╫┼┼
45		95	╁┼┼┼┼┤	146	╅┼┼┼┼
46		96	++++	147	╅┪┼┼┼
47		97	<del>               </del>	148	<del>                                     </del>
48		98	+++++	149	<del>                                     </del>
49		99	<del>             </del>	150	<del>               </del>
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If more than 150 claims or 10 actions staple additional sheet here

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